FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00644 1. Corporation Name

PAGE BUILDING SYSTEMS CORPORATION

1 morpar ridoc or Basino
6400 N. HWY US 1 MELBOURNE FL 32940
MELBOURNE FL 32940
Lue

FILED Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90014 050 ***558.75



Principal Place	of Business	Mailing Ad	dress		-	i idalități est adert apira prire a	all bills bill)18() BIBIL 1881
6400 N. HWY US 1 PO BOX 372070 MELBOURNE FL 32940 SATELLITE BCH FL 32937-07 US US						DO NOT WRITE IN THIS SPACE			
00						3. Date Incorporated or Qualifed			
						06/30/1989			
2. Principal Pl	ace of Business	2a, Mailing	Address			4. FEI Number		<u> </u>	plied For
21 26						65-0139091	65-0139091 Not Appli		
Suite, Apt. :	e, Apt. #, etc.			5. Certifcate of Status Desired	// Fee Required				
City & State	•	City &	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	c	ountry		8. This corporation owes the cur	ent year		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered A	gent			10. Name and Address of New	Register	ed Agent	
				81	Name				
PAG 157		82	Street Add	dress (P.O. Box Number is Not Acceptable)					
MER	RITT ISLAND FL 32952			83					
				84	City		F	L	Code
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the bilig	02 and 607.1508 of Florida. Such ations of, Section	Florida Statutes, the change was authoriz 607.0505, Florida St	above ed by atutes	e-named cor the corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt tile ap	pomunent as re-	registered gistered
SIGNATURE							วนมู	E 4, 19	199
	Signature, typed or printed name of registered ag-				nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	AND DIRECTO)D\$ IN 12
12.		ND DIRECTORS		TITLE	т-	ADDITIONS/CHANGES TO OF	TICENS	Change	Addition
TITLE	CPS			NAME				_, ,	
NAME	PAGE, THOMAS R.	16			FADDDECC				1
STREET ADDRESS	157 TEQUESTA HARBOR DRI	VE			F ADDRESS				- !
CITY-ST-ZIP	MERRITT ISLAND FL		_	CITY-S	1-219			[] Change	Addition
TITLE			_					_, ,	
NAME				NAME	r apporce				
STREET ADDRESS			1		FADDRESS				i
CITY-ST-ZIP				4 CITY-5	31-217			[] Change	Addition
TITLE				NAME				<u></u> .	_
NAME					TADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		-		I. CITY-S I TITLE	51-ZIP		***	Change	Addition
TITLE				2 NAME				_	
NAME					TADDRESS				
STREET ADORESS			il i						
CITY-ST-ZIP			_	CITY-S	1-218			Change	Addition
TITLE				NAME				,	_
NAME					TADDRESS				
STREET ADDRESS				CITY-S	i				
CITY-ST-ZIP				TITLE	1-Eff			Change	Addition
TITLE			_	NAME				_,	
NAME					T ADDRESS				
STREET ADDRESS			D.,	SIMEE	HUNCOO				

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report for true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 4, 1999